



EXCEPTION REQUEST

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DSHS 05-210 (REV 08/1988) (AC 03/2002)

5. Alternatives (continued)		
6. PREVIOUS EXCEPTIONS: Any previous exceptions? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date _____ Amount \$ _____ What? _____		
7. LOCAL OFFICE ACTION		
SIGNATURE OF PERSON REQUESTING EXCEPTION		DATE
<input type="checkbox"/> ENDORSED <input type="checkbox"/> NOT ENDORSED	COMMENTS	
SUPERVISOR SIGNATURE	SUPERVISOR SIGNATURE	DATE
8. REGIONAL OFFICE ACTION (As necessary)		9. STATE OFFICE ACTION (If necessary)
<input type="checkbox"/> ENDORSED <input type="checkbox"/> NOT ENDORSED _____ <div style="text-align: center;">Area Manager</div>		<input type="checkbox"/> DENIED
<input type="checkbox"/> ENDORSED <input type="checkbox"/> NOT ENDORSED _____ <div style="text-align: center;">Regional Manager</div>		<input type="checkbox"/> APPROVED
Comments		Comments
10. Decision telephoned to office originating request?		DATE
11. APPROVING AUTHORITY SIGNATURE		DATE
TITLE		DATE